



EQUALITY IMPACT ASSESSMENT INITIAL SCREENING

Name of policy / strategy / project (the “initiative”):

Resident Involvement Strategy and Annual Involvement Statement

Provide a brief summary of the aims and main activities of the initiative: (bullet points)

- Ensuring resident involvement is embedded in all areas of our work
- To ensure that opportunities for involvement are accessible to all residents
- Improve involvement structures to enable residents to scrutinise our performance
- Maintain high satisfaction levels ensuring the best possible value for money

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Manager / Team Leader:

Date: **23rd April 2009**

STAGE 1: SCREENING

This stage establishes whether a proposed initiative will have an impact from an equality perspective on any particular group of people or community – i.e. on the grounds of race, religion/faith/belief, gender (including transgender), sexual orientation, age, disability, or whether it is “equality neutral” (i.e. have no effect either positive or negative).

Q 1. Who will benefit from this initiative? Is there likely to be a positive impact on specific groups/communities (whether or not they are the intended beneficiaries), and if so, how? Or is it clear at this stage that it will be equality ‘neutral’ i.e. will have no particular effect on any group?
Please consider all aspects of Diversity including as a minimum: Age, Disability, Gender/Transgender, Race/Ethnicity, Religion/Faith/Belief, Sexuality

The Strategy aims to ensure that there are maximum opportunities for residents to get involved so that they can influence what we do, the services that we provide and the decisions that we make. We provide a ‘menu’ of opportunities giving a choice of methods for residents to get involved; these will be accessible, flexible and engage residents in ways in which they feel most comfortable.

Q 2. Is there likely to be an adverse impact on one or more minority/under-represented or community group as a result of this initiative? If so, who may be affected and why: Or is it clear at this stage that it will be equality ‘neutral’?
Please consider all aspects of Diversity including as a minimum: Age, Disability, Gender/Transgender, Race/Ethnicity, Religion/Faith/Belief, Sexuality

There is no suggestion of an adverse impact on one or more minority group. We anticipate that the Strategy will have a positive impact on all groups, in particular a more positive impact on younger age groups who are currently under represented. Working tenants are disadvantaged by the inaccessibility of many of our current involvement methods. The new Strategy makes a commitment to addressing these areas of inequality.

We enjoy a high level of resident satisfaction from those currently involved and we expect these levels to increase as a result of the new Strategy.

Q 3. Is there sufficient data on the target beneficiary groups/communities? Are any of these groups under or over represented? Do they have access to the same resources? What are your sources of data and are there any gaps?

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We hold a wealth of information on our involvement monitoring database. We monitor this for our own use to measure service take up and satisfaction levels and also for Housemark benchmarking and peer review. Quarterly data for the period January to March '09 is appended to this document. This demonstrates that there is very little take up in the 16-24 year age group although the most popular method of engagement with this group is opinion survey responses. When comparing involvement by gender, ethnicity and disability with our overall tenant population, there is proportionate representation and in fact over representation of residents with a disability or long term illness. For religion and sexuality, the data is limited to date. However, we are currently undergoing a refresher census exercise and the new application procedure will collect census data at the first stage. If for any reason the data is not collected on the application form, census data is collected at sign up. For those residents who do get involved, this information is collected on our satisfaction surveys which are carried out after each event and broken down by each of the diversity categories.

Involvement satisfaction data (also appended) reflects high levels of satisfaction from those who are involved. This exceeds satisfaction targets taken from our last STATUS survey carried out in 2007. To date we have not received any complaints or expressions of dissatisfaction from residents who feel unable to participate.

Our data demonstrates the following (please see appendices 1 & 2.)

Age – Under 35's are poorly represented across involvement options, with the exception of opinion surveys. Our data demonstrates that younger people prefer a more 'anonymous' approach to involvement. It is not possible to make comparisons with the STATUS survey for residents aged below 44 due to the under representation of this age group. There are 298 tenants in the 16-24 year age group. We will be specifically targeting this group with methods that do not require face to face contact and where there is a financial incentive, for example, further opinion surveys, our armchair panel and future mystery shopping programmes.

Ethnicity – We are generally under represented by BME residents in our involvement activities. Compared to our 10% BME population only 6% of our panel members are BME, 2% of our armchair panel members and 6% of our conference attendees. Opinion surveys and mystery shopping appear to be more attractive methods to engage this group. In terms of satisfaction, only a small number of BME respondents completed a survey for our conferences and although they expressed good satisfaction, the results are not statistically reliable. We will continue to work in partnership with agencies in areas of high BME population, for example, Chapeltown, Darnall and Kirklees. The Strategy sets out our commitment to ensure an inclusive approach when planning and delivering events, for example providing interpreters.

Religion – Our conference attendance data demonstrates that 66% of attendees were Christian, 5% non-Christian, 22% unknown

and 7% of no religion. Data for the other involvement events is negligible and therefore we can draw no conclusions from this. The current Census project will boost the level of data held. We will continue to ensure that our venues, timing of events and refreshments are culturally sensitive.

Disability – Residents with a disability are very well represented with high take up across all involvement opportunities. 47% of our panel members, 41% of our armchair panel members and 38% of our conference attendees have a disability or long term illness. Satisfaction of this group is also high – 96% for resident conferences and 64% for panel members, both exceeding our STATUS target. We will continue to ensure that venues are accessible, that we provide mobility assistance and hearing loops, assisted transport and to accommodate carers and support workers.

Sexuality – at the moment data in this area is very limited and we are hoping that our Census project will boost the amount of information held so that it can be used to inform our work. We have written a brief for staff so that they feel comfortable asking residents for the data and articles are included in our newsletter to show how we have used the information to improve services.

Gender – Data demonstrates that the ratio of male to female residents who engage with us is similar to that of the overall Chevin population. Data shows that all methods of engagement are equally popular. We will continue to use resident panels and the Refurbishment Steering Group to advise on policy and refurbishment issues and ensure we receive a mix of male and female responses. We will review events procedures to make sure that all events are accessible to those with caring and parental responsibilities.

We are writing to residents who declined our invitation to our four regional conferences to ask for their reasons and to ask for ideas of what would encourage them to attend in the future.

We are also asking residents whether they would prefer to be kept informed about involvement opportunities via e-mail or via our website.

Q 4. Outsourced services – if the initiative is partly or wholly provided by external organisations / agencies, please list any arrangements you plan to ensure that they promote equality and diversity.

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Not applicable.

Q 5. Is the impact of the initiative (whether positive or negative) significant enough to warrant a full impact assessment – see guidance? If not, will there be monitoring and review to assess the level of impact over a period of time?

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We do not consider that a full impact assessment is necessary in light of the current data available. Although the strategy spans three years, the annual involvement statement is developed more frequently with residents (annually) and this review the effectiveness of the strategy and will address areas of inequality. We will monitor involvement data by diversity each quarter to assess the effectiveness of our resident involvement work.

Q 6. To be completed at six monthly review Detail actions taken to assess the level of impact over a period of time, or to address any gaps in data.
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Our customer profiling figures for the period April to September 2009 illustrate that opinion surveys and the editorial panel remain the most attractive method of involvement for residents aged under 35. Although there has been an increase in the number of panel members, people from younger age groups have not been tempted to join. BME tenants were well represented in our most recent round of mystery shopping and in opinion surveys.

A young persons' event is planned for spring 2010 and we are exploring the possibility of introducing a Chevin page on Facebook. We are also currently involving a diverse range of tenants in the review of Chevin's external website. We will continue to market our involvement opportunities to those groups who are under-represented and review progress of our resident involvement strategy in our involvement statement.

Guidelines: Things to consider

- Where a negative (i.e. adverse) impact is identified, it may be appropriate to make a full EIA (see Stage 2), or, as important, take early action to redress this – e.g. by abandoning or modifying the initiative. **NB** If the initiative contravenes equality legislation, it **must** be abandoned or modified.
- Where an initiative has a positive impact on groups/community relations, the EIA should make this explicit, to enable the outcomes to be monitored over its lifespan.
- Where there is a positive impact on particular groups, does this mean there could be an adverse impact on others, and if so can this be justified? - e.g. Are there other existing or planned initiatives which redress this?
- It may not be possible to provide detailed answers to some of these questions at the start of the initiative. The EIA may identify a lack of relevant data, and that data-gathering is a specific action required to inform the initiative as it develops, and also to form part of a continuing evaluation and review process.
- It is envisaged that it will be rare for full impact assessments to be required. Usually, where there are particular problems identified in the screening stage, it is envisaged that changing the approach at this stage, and/or setting up a monitoring/evaluation system to review a policy's impact over time will tackle the problem.